

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

STATE PUBLIC HEALTH LABORATORY

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complete this report in duplicate at the time of the regular monthly preventative maintenance	By Carol Day at 10:39 am, Jul 20, 2015	ed
end copy to Department of Health and Senior Services; retain original in department file.		

Send copy to De	partmen	it of Health	and Se	nior Service:	nar mo s; relai	n orig	preventative inal in depar	mainte Iment fil	nance E e.	sy Carol	Daylati	10:39 am , Jul 20, 2015 je
ALCO SENSOR IV SI 108270				PRINTE 099.	R SN 3586.8	823						F INSPECTION 2/2015
LOCATION OF INSTE	UMENT (Street H	STREET AND Holden, Mo	CITY)			•					TIME OF 9:11	FINSPECTION am
CHECKLIST: Pla	ce a ma nined.) l	ork in the bo Unmarked i	ox by ea	ich item if foi	und to	be sa	tisfactory or	f operat	ing with	in estab	lished lin	nits. (Write in observed va
l	es where determined.) Unmarked items must be corrected before using instrument. DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)											
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PRINTER W	PRINTER WORKING PROPERLY											
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BREATH ALCOH	OL AC	CURACY S	TANDA	RDS				S 100 - 100		religion la fee la ligita		akturi kingi paga paganan ngapan manan manan kati kipan na mana kina kata panganan paganan na paganan na pagan
SIMULATOR	SOLUT	ION					□ сом	PRESSE	D ETH	ANOL-C	SAS MIX	TURE
☑ STANDARD	SUPPLI	ER Guth L	.abs.			L	OT # 14200)	E	(P. DATI	E 08/05/	2016
SIMULATOR	TEMPE	RATURE (34°C ±	0.2°C)	34	_ SIM	ULATOR SN	SD	2252	_ SIML	ILATOR I	EXP DATE 02/03/2016
0.080% 5	TANDA	ARD - MUS	TREAD	BETWEEN	0.076	% and	1 0.105% ING 1 0.084% ING 1 0.042% ING	CLUSIV	E	•	· 	
TEST 1 № ,100				TEST 2 ★ .100					TEST 3 № .100			
RFI DETECTO	R OPE	RATING	·									
INDICATE THE NI (DO NOT INCLUD	JMBER E SELF	OF BREA	TH TES	TS IN THE	FOLL	OWIN	G RANGES	SINCE	THE LA	ST MAI	INTENAN	NCE REPORT:
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List any new parts established limits (and de use oth	scribe any er side if ne	alteratio	on or modific	cation	that v	vas made to	restore	the ins	trument	to opera	te satisfactorily and within
NSPECTING OFF	Z	NDATE								as L. W		
250101/05-11-20)17	-, <u>-</u>							(816)	850-41	54	
return completed	report			cohol Progra nes Boulevai) Dep	artment of H	ealth an	d Seni	or Servic	es, Sout	heast District Office



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14200 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 6, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1213% (w/vol) ethyl alcohol. The expiration date for this lot number is August 5, 2016 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

Operator Name, I.D. Tom Weh 306 Location Howner PD	Subject I.D.	fir Blank: 87/12/15 89:13 .808 Calibration Check: 21 87/12/15 89:13 .188	TEST RECORD 88856 Temp Date Time 2181	AS IV Serial no: 168270 Version no: 532B
Location Holden PD	Operator Name, I.D.	VOID: RFI 12 87/12/15 89:15 Subject Name	Temp Late Time 216L	AS IV Serial no: 188278 Version no: 532B
Operator Name, I.J. Tom Webe 304 Location Holden PO	Subject I.D.	Air Blank: 87/12/15 89:11 ,888 Calibration Check: 28 87/12/15 89:11 ,188	TEST RECORD 60855 Temp Date Time 216L	AS IV Serial not 188278 Version not 532B

AS IV Serial no: 108270 Version no: 532B

TEST RECORD 60857

Temp Date Time 2181 fir Blank: 67/12/15 69:14 .888 Calibration Check: 21 67/12/15 69:14 .188

Subject I.I.

Subject Name

Deerator Name, I.D.

Lom Wek 306

Location

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STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
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ALCO-SENSOR IV WITH PRINTER

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142 July 198

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STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air IM Missouri.



Operator

WEHR, TOM

Permit No 250101

Date Issued 5/11/2015 Date Expires 5/11/2017